

FILED FEB 11 1942
Registration District No. 173

Primary Registration District No. 6251

Registrar's No. 1

1. PLACE OF DEATH:

(a) County CHRISTIAN

(b) City or town BRUNER, RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Bruner
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME OPAL FAE HOLT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1942 hour 11 30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5
1942, to Jan 16, 1942
that I last saw her alive on Jan 6, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased May 5 1940
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia 8 days
Duration

8. AGE: Years Months Days If less than one day

1 8 1 hr. min.

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Bruner, Mo (City, town, or county) (State or foreign country)

10. Usual occupation F

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Holt

13. Birthplace Bruner Mo. (City, town, or county) (State or foreign country)

14. Maiden name Joyce Inez Hull

15. Birthplace Bruner Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Holt
(b) Address Bruner Mo

17. (a) Burial (b) Date thereof Jan 7, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bruner, Mo

18. (a) Signature of funeral director Otto Reichen
(b) Address Sparks, Mo.

19. (a) 2-4-42 (b) Josephine Merritt
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R. R. Farthing (M. D. or other) _____
Address Osage Mo Date signed 1-9-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

22
9

RECEIVED

District Health Officer No. 6,

District File Number 242-204

Date Filed FEB 10 1942

MAR 11 1942

FEB 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.